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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) M0656.70070US00
Application Number	09/982548-Conf. #7782	Filed October 18, 2001
For	METHODS AND PRODUCTS RELATED TO PULMONARY DELIVERY OF POLYSACCHARIDES (SASISEKHARAN)	
Art Unit	1623	Examiner T. C. McIntosh

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	Fee	Small Entity Fee	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ 1,020.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$

Applicant claims small entity status. See 37 CFR 1.27.

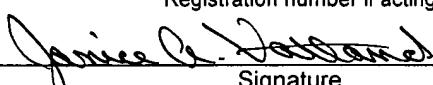
A check covering the amount of the fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director has already been authorized to charge fees in this application to a Deposit Account.

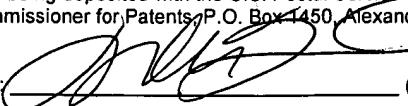
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to
Deposit Account Number 23/2825. I have enclosed a duplicate copy of this sheet.

08/30/2005 SHASSEN1 00000060 09982548

I am the	<input type="checkbox"/> applicant/inventor.	01 FC:1253	1020.00 OP
	<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).		
	<input type="checkbox"/> attorney or agent of record. Registration Number _____		
	<input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34	52,318	
		August 25, 2005	Date
Signature			
Janice A. Vatland, Ph.D.		(617) 646-8261	Telephone Number
Typed or printed name			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of _____ forms are submitted.

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.		
Dated: <u>August 25, 2005</u>	Signature: 	(Michelle M. Quinn)